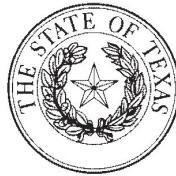


Exhibit “T”

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John B. Scott
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

DFW Investigation & Protection, Inc.
Filing Number: 802376707

Certificate of Formation
Public Information Report (PIR)
Public Information Report (PIR)
Public Information Report (PIR)
Public Information Report (PIR)

January 26, 2016
December 31, 2017
December 31, 2017
December 31, 2018
December 31, 2021

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 10, 2021.

A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott
Secretary of State

Form 201

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$300



**Certificate of Formation
For-Profit Corporation**

Filed in the Office of the
Secretary of State of Texas
Filing #: 802376707 01/26/2016
Document #: 652028260002
Image Generated Electronically
for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a for-profit corporation. The name of the entity is:

DFW Investigation & Protection, Inc.

The name must contain the word "corporation," "company," "incorporated," "limited," or an abbreviation of one of these terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

Article 2 – Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be corporation named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Muhammad Siddiqi

C. The business address of the registered agent and the registered office address is:

Street Address:

3020 Big Town Blvd. Mesquite TX 75150

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

OR

B. The consent of the registered agent is maintained by the entity.

Article 3 - Directors

The number of directors constituting the initial board of directors and the names and addresses of the person or persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualified are set forth below:

Director 1: **Muhammad Protective Siddiqi**

Address: **PO Box 814392 Dallas TX, USA 75234**

Article 4 - Authorized Shares

The total number of shares the corporation is authorized to issue and the par value of each of such shares, or a statement that such shares are without par value, is set forth below.

Number of Shares	Par Value (must choose and complete either A or B)	Class	Series
100	<input type="checkbox"/> A. has a par value of \$ <input checked="" type="checkbox"/> B. without par value.		

If the shares are to be divided into classes, you must set forth the designation of each class, the number of shares of each class, and the par value (or statement of no par value), of each class. If shares of a class are to be issued in series, you must provide the designation of each series. The preferences, limitations, and relative rights of each class or series must be stated in space provided for supplemental information.

Article 5 - Purpose

The purpose for which the corporation is organized is for the transaction of any and all lawful business for which corporations may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is: **January 27, 2016**

Organizer

The name and address of the organizer is set forth below.

Muhammad Siddiqi PO Box 814392, Dallas, TX 75234

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Muhammad Siddiqi

Signature of organizer

FILING OFFICE COPY

Filing Number: 802376707

17097296006 17094



05-102
(Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

3	2	0	5	9	4	0	9	7	3	3
2	0	1	7							

■ Report year

2	0	1	7
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You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name

DFW INVESTIGATION & PROTECTION, INC.

Blacken circle if the mailing address has changed.

Mailing address

3020 BIG TOWN BLVD.

Secretary of State (SOS) file number or
Comptroller file number

City

MESQUITE

State

TX

ZIP code plus 4

75150

0802376707

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

3020 BIG TOWN BLVD. MESQUITE TX 75150

Principal place of business

3020 BIG TOWN BLVD. MESQUITE TX 75150

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

3205940973317

Name	Title	Director	m m d d y y
MUHAMMAD SIDDIQI	PRESIDENT	<input checked="" type="radio"/> YES	Term expiration
Mailing address	City	State	ZIP Code
3020 BIG TOWN BLVD.	MESQUITE	TX	75150
Name	Title	Director	m m d d y y
		<input type="radio"/> YES	Term expiration
Mailing address	City	State	ZIP Code
Name	Title	Director	m m d d y y
		<input type="radio"/> YES	Term expiration
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation , LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes)	You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.		

Agent:	City	State	ZIP Code
Office:			

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here → *M. Siddiqi* Title PRESIDENT Date 4/4/17 Area code and phone number (972) 743 - 9550

Texas Comptroller Official Use Only

05-102|(Rev.9-15/33)|13196|32059409733|2017|Tue Apr 04 2017 12:
28:56 GMT-0500 (Central Daylight Time)|9997|0|

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Filing Number: 802376707



05-102
(Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number	■ Report year	You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.	
3 2 0 5 9 4 0 9 7 3 3	2 0 1 7	<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Taxpayer name DFW INVESTIGATION & PROTECTION, INC.		<input type="checkbox"/> Secretary of State (SOS) file number or Comptroller file number	
Mailing address PO BOX 814392		0802376707	
City DALLAS	State TX	ZIP code plus 4 75234	

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 3020 BIG TOWN BLVD. MESQUITE, TX 75150
Principal place of business 3020 BIG TOWN BLVD. MESQUITE, TX 75150

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.



SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

3205940973318

Name MUHAMMAD SIDDIQI	Title PRESIDENT	Director <input checked="" type="radio"/> YES	Term expiration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>m m d d y y</i>
Mailing address 3020 BIG TOWN BLVD.	City MESQUITE		State TX	ZIP Code 75150
Name	Title	Director <input type="radio"/> YES	Term expiration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>m m d d y y</i>
Mailing address	City		State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>m m d d y y</i>
Mailing address	City		State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: Office:	You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.		
	City	State	ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title PRESIDENT	Date 2/14/18	Area code and phone number (972) 743-9550
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Texas Comptroller Official Use Only

05-102|(Rev.9-15/33)|13196|32059409733|2018|Wed Feb 14 2018 09:
12:04 GMT-0600 (Central Standard Time)|9997|0|

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180596720080 18045

Filing Number: 802376707



Comptroller of Public
Accounts Form
05-102
(Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number								■ Report year						
3	2	0	5	9	4	0	9	7	3	3	2	0	1	8
Taxpayer name										You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.				
DFW INVESTIGATION & PROTECTION, INC.										<input type="checkbox"/> Blacken circle if the mailing address has changed.				
Mailing address 3020 BIG TOWN BLVD.										Secretary of State (SOS) file number or Comptroller file number				
City MESQUITE		State TX		ZIP code plus 4 75150		0802376767								

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

3205940973318

Name MUHAMMAD SIDDIQI	Title PRESIDENT	Director <input checked="" type="radio"/> YES	Term expiration	<i>m m d d y y</i>
Mailing address 3020 BIG TOWN BLVD.	City MESQUITE	State TX	ZIP Code 75150	
Name	Title	Director <input type="radio"/> YES	Term expiration	<i>m m d d y y</i>
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="radio"/> YES	Term expiration	<i>m m d d y y</i>
Mailing address	City	State	ZIP Code	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent:	Office:	City	State ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title PRESIDENT	Date 3/26/18	Area code and phone number (972) 241 - 3881
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Texas Comptroller Official Use Only

05-102|(Rev.9-15/33)|13196|32059409733|2018|Mon Mar 26 2018 09:
45:46 GMT-0500 (Central Daylight Time)|9997|0|

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180939681099



Comptroller
of Public
Accounts
FORM
05-102
(Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 5 9 4 0 9 7 3 3

■ Report year

2 0 2 1

You have certain rights under Chapter 552 and 559, Government Code,
to review, request, and correct information we have on file about you.
Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name

DFW INVESTIGATION & PROTECTION, INC.

Mailing address

PO BOX 814392

Secretary of State (SOS) file number or
Comptroller file number

City

DALLAS

State

TX

ZIP Code

75381

Plus 4

0802376707

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3205940973321

SECTION A Name, title and mailing address of each officer, director or manager.

Name	Title	Director	Term expiration	m m d d y y
MUHAMMAD SIDDIQI	PRESIDENT	<input checked="" type="radio"/> YES	Term expiration	1 2 3 1 2 1
Mailing address 3020 BIG TOWN BLVD.	City MESQUITE		State TX	ZIP Code 75150
Name MUHAMMAD SIDDIQI	Title DIRECTOR	<input checked="" type="radio"/> YES	Term expiration	1 2 3 1 2 1
Mailing address 3020 BIG TOWN BLVD.	City MESQUITE		State TX	ZIP Code 75150
Name	Title	Director	Term expiration	m m d d y y
		<input type="radio"/> YES		
Mailing address	City		State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file. (see instructions if you need to make changes) Agent: MUHAMMAD SIDDIQI		<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.	

Office: 3020 BIG TOWN BLVD.	City MESQUITE	State TX	ZIP Code 75150
-----------------------------	------------------	-------------	-------------------

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Laurel Allaire

Title

Electronic

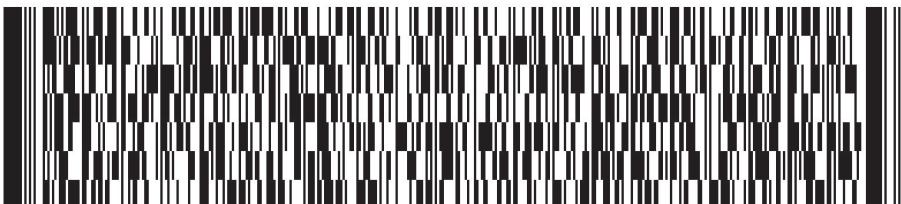
Date

06-04-2021

Area code and phone number

(214) 647 - 1001

Texas Comptroller Official Use Only



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